



# Natick Recreation and Parks Department

"Create Community through People, Parks and Programs"

## CAMP ARROWHEAD RESIDENTIAL APPLICATION

☐ I have filled out the Day Camp Registration.

☐ I have read and I agree to the Policies and Procedures page on the Website.

☐ I understand I may be contacted for further information prior to my client being accepted into Residential.

Camper Name: \_\_\_\_\_  
Last First Middle Initial

Person to contact with questions regarding this application: \_\_\_\_\_  
Phone # \_\_\_\_\_

After completing the 3 steps in the boxes above please fill out the rest of this application page and submit it with your Camp Registration Form in order to be considered for Residential 2016.

Please put the Number from Column A that best describes the "Camper Is/Needs" actions in Column B.

| COLUMN A   |                         | COLUMN B                 |                              |                 |   |                      |   |                         |   |                  |   |              |  |                  |  |
|--|-------------------------|--------------------------|------------------------------|-----------------|---|----------------------|---|-------------------------|---|------------------|---|--------------|--|------------------|--|
| <table border="1"><thead><tr><th>Number</th><th>Correlation</th></tr></thead><tbody><tr><td>1</td><td>Self-Sufficient</td></tr><tr><td>2</td><td>Little to no prompts</td></tr><tr><td>3</td><td>Multiple verbal prompts</td></tr><tr><td>4</td><td>Physical prompts</td></tr><tr><td>5</td><td>Full support</td></tr></tbody></table> | Number                  | Correlation              | 1                            | Self-Sufficient | 2 | Little to no prompts | 3 | Multiple verbal prompts | 4 | Physical prompts | 5 | Full support |  | Camper Is/Needs: |  |
| Number   | Correlation             |                          |                              |                 |   |                      |   |                         |   |                  |   |              |  |                  |  |
| 1  | Self-Sufficient         |                          |                              |                 |   |                      |   |                         |   |                  |   |              |  |                  |  |
| 2  | Little to no prompts    |                          |                              |                 |   |                      |   |                         |   |                  |   |              |  |                  |  |
| 3  | Multiple verbal prompts |                          |                              |                 |   |                      |   |                         |   |                  |   |              |  |                  |  |
| 4  | Physical prompts        |                          |                              |                 |   |                      |   |                         |   |                  |   |              |  |                  |  |
| 5  | Full support            |                          |                              |                 |   |                      |   |                         |   |                  |   |              |  |                  |  |
|  |                         | ___ When getting dressed | ___ When eating              |                 |   |                      |   |                         |   |                  |   |              |  |                  |  |
|  |                         | ___ When brushing teeth  | ___ When advocating for self |                 |   |                      |   |                         |   |                  |   |              |  |                  |  |
|  |                         | ___ When showering       | ___ When going to sleep      |                 |   |                      |   |                         |   |                  |   |              |  |                  |  |
|  |                         | ___ When transitioning   | ___ When toileting           |                 |   |                      |   |                         |   |                  |   |              |  |                  |  |

What type of independent activities does this camper enjoy?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are two goals you would like to see the camper get out of this program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_